

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/09/02--01055--022
****300.00 ****300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G 52824**

1. Corporation Name

DALCO, INC.

2. Principal Office Address

1980 N. ATLANTIC AVE P.O. Box 321355

Suite, Apt. #, etc.

#308

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

City & State

COCOA BEACH, FL COCOA BEACH, FL

Zip

Country

32931

U.S.A.

Zip

Country

32932-1355

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1983

5. FEI Number

59-2316394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

ANTONIO LAURETTA

Street Address (P.O. Box Number is Not Acceptable)

1980 N. ATLANTIC AVE

Suite, Apt. #, Etc.

#308

City

COCOA BEACH

State

FL

Zip Code

32931

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ant Laurretta

Date **4-30-2002**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	ANTONIO LAURETTA	#308 1980 N. ATLANTIC AVE	COCOA BEACH, FL 32931
STD	DEBBIE LAURETTA	#308 1980 N. ATLANTIC AVE	COCOA BEACH, FL 32931

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ant Laurretta **ANTONIO LAURETTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2002

Date

321-799-0873

Daytime Phone #

CR2E081 (9/01)

js 5/8/02